



City of Hermosa Beach
 1315 Valley Drive, Hermosa Beach, CA 90254
 310.318-0203 - Fax 310.372-6186
 Email: recordsrequest@hermosabch.org



Received By: clerk
 Referred To: Fin./CM
 Date Referred: 12-11-18

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print): <u>Peter Green</u>		Email: <u>fogcitypete@outlook.com</u>	
Address:		Phone:	
City:		Fax:	

Record or Document Requested:

To assist the City with your request, please identify each requested record/document separately. Please be as specific as possible. Non specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) **Submit all requests to the City Clerk's Office.**

See attached

Photocopies are \$0.20 per page (Mailing fee, if applicable is \$3.00 plus postage). Fees must be paid before records are released.

I agree to pay all applicable fees and charges per the City Council Resolution of Fees for any copies I request of the above mentioned document. *Accepted method of payment:* Cash or check. Credit card accepted in person only.

Signature

Date

For Departmental Use Only:

Action Requested:	Action Taken:	By _____ Date _____
<u>Review Only</u>	<u>Document Reviewed</u>	<u>Non-Existent Document</u>
<u>Copies Requested</u>	<u>Copies Provided</u>	<u>Other (Please Explain)</u>
	<u>Refusal/Reason</u>	

For City Clerk's Use Only:

Date Requestor Notified _____ **Notified By:** _____ **Date Picked Up or Mailed** _____

Subject:

FW: Public Records Request - GEMT Funding - DHCS

Begin forwarded message:

From: Peter Green <fogcitypete@hotmail.com>

Date: December 10, 2018 at 12:21:04 PM PST

To: "edoerfling@hermosabch.org" <edoerfling@hermosabch.org>

Subject: Public Records Request - GEMT Funding - DHCS

Pursuant to my rights under the California Public Records Act (Government Code 6250 et seq.), I ask for a copy of:

Ground Emergency Medical Transport (GEMT) funding request sent to California Department of Health Care Services (DHCS) for financial years: 2015-2016, 2016-2017, 2017-2018.

Letter, accounting or other documents showing amount paid by DHCS for GEMT in the above financial years.

Any letter or communication from DHCS, especially post audit, changing the funding amount (increase or decrease) or denial of portions prior to payment.

I would prefer the information be e-mailed to me at: fogcitypete@outlook.com

I ask for a determination on this request within 10 days of your receipt of it, and an even prompter reply if you can make that determination without having to review the record(s) in question.

If I can provide any clarification that will help expedite your attention to my request, please contact me. I ask that you notify me of any duplication costs exceeding \$10.00 before you duplicate the records so that I may decide which records I want copied.

If you determine that any or all of the information qualifies for an exemption from disclosure, I ask you to note whether, as is normally the case under the Act, the exemption is discretionary, and if so whether it is necessary in this case to exercise your discretion to withhold the information.

If you determine that some but not all of the information is exempt from disclosure and that you intend to withhold it, I ask that you redact it for the time being and make the rest available as requested.

In any event, please provide a signed notification citing the legal authorities on which you rely if you determine that any or all of the information is exempt and will not be disclosed.

Thank you in advance.

Sincerely,

Peter Green
PO Box 2219
Rancho Mirage CA 92270

Sent from Mail for Windows 10